

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

:  
:  
:  
:  
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20111231  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CAPITAL CITY MEDICAL ASSOCIATES, PC  
Received Date: 20080930  
Docket No: 3035881  
Control No.: 317522  
License No.: 24-32360-01  
Action Type: Termination

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: 0

3. COMMENTS

Signed *Rosenfeld*  
Date 10/1/08

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_